

Case Number:	CM13-0056176		
Date Assigned:	12/30/2013	Date of Injury:	12/05/2011
Decision Date:	04/01/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/21/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, has a subspecialty in Pulmonary Diseases and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working least at 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 35-year-old female who reported injury on 12/05/2011. The mechanism of injury was noted to be the patient was coming down stairs carrying a box of equipment when she missed her last step and fell forward while trying to regain her balance and tumbled down 10 stairs about approximately 6 feet. The documentation of 10/24/2012 revealed the patient's medications were Ultram and Naprosyn. The medication trazodone was added on 06/21/2013. The patient was noted to be taking Tylenol 3 as a continuation on 07/26/2013. Patient's diagnoses were noted to be lumbar spine sprain/strain with L5-S1 disc desiccation and annular tear, right shoulder sprain/strain with AC joint degenerative arthrosis, subacromial impingement and rotator cuff tendinosis, right thigh and right knee pain likely secondary to lumbar spine radiculitis/ radiculopathy. The treatment plan was noted to include a subacromial injection to the right shoulder, continued physiotherapy for the back and right shoulder with modalities including physiotherapy for treatment of the back and right shoulder, and medication refills including diclofenac 75 mg by mouth twice a day for pain as needed and inflammation, #120, Tylenol #3 one by mouth every 6 hours as needed for breakthrough pain, Soma 1 by mouth 3 times a day as needed for spasms and #30 trazodone 100 mg by mouth nightly as needed for insomnia and Flector patches as well as Dendracin cream. The patient indicated the medications and the creams were of benefit and the patient would continue to use them as prescribed for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Trazodone 100mg:

Claims Administrator guideline: Decision based on Non-MTUS Citation ODG Mental Illness & Stress Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants Page(s): 13.

Decision rationale: California MTUS Guidelines indicate that antidepressants are first line medications for the treatment of neuropathic pain. They do not however address use for insomnia. Official Disability Guidelines indicate that sedating antidepressants such as trazodone are used to treat insomnia when there is a coexisting depression. There was a lack of documentation of the objective functional benefit as the medication was added on 06/21/2013. Clinical documentation submitted for review failed to provide the coexistence of depression, documentation of signs and symptoms of the coexistence of depression. There was a lack of documentation indicating the quantity of medication requested per the submitted request. Given the above, the request for trazodone 100 mg is not medically necessary.

Soma 250mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: California MTUS Guidelines indicate that muscle relaxants are prescribed as a second line options for short term treatment of acute exacerbations of low back pain. They should be used for less than 3 weeks. There should be documentation of objective functional improvement. Clinical documentation submitted for review indicated the patient had been using muscle relaxants since 10/24/2012. There was a lack of documentation of the objective functional benefit of the medication. There was a lack of documentation per the submitted request for the quantity of medication being requested. Given the above, the request for Soma 250 mg is not medically necessary.

Tylenol no 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain, ongoing management Page(s): 60, 78.

Decision rationale: California MTUS Guidelines indicate that opiates are appropriate for the treatment of chronic pain. There should be documentation of an objective improvement in function, objective decrease in the Visual Analog Scale score and evidence that the patient is being monitored for aberrant drug behavior side effects. Clinical documentation submitted for

review failed to provide documentation of the above criterion. There was a lack of documentation per the submitted request for the quantity of medication being requested and the duration the patient had been on the medication. Given the above, the request for Tylenol #3 is not medically necessary.